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Facsimile Transmittal

DATE: August 12, 2004

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TO: Commissioner for Patents
Amendment and Response to Office Action

ATTN: Examiner: Meless Zewdu
Art Unit: 2683

FAX NUMBER: (703) 872-9306

FROM: Sandip (Micky) S. Minhas, Reg. No. 44,945, Attorney for Applicant
Direct Telephone No.: (858) 651-4908
Attorney Docket No.: 040819C11

Total Number of Pages Sent: 23 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 040819C11

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ENCLOSED ARE:

- Amendment Transmittal (1page)
- Response to Office Action & Amendment (16 pages)
- Revocation of Prior Power of Attorney and Power of Attorney And Prosecution By Assignee Under 37 CFR §3.71 (2 pages)
- Statement Under 37 CFR 3.73(b)
- Power of Attorney And Correspondence Address Indication Form
- Appendix A (1 page)

APPLICANT: Daniel B. McKenna et al

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 09/774,955

FILED: January 31, 2001

FOR: COMMUNIQUE WIRELESS SUBSCRIBER DEVICE FOR A CELLULAR COMMUNICATION NETWORK

Please contact Courtney Etnyre at (858) 658-2616 if all pages do not transmit.

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AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 040819C11
In Re Application of: Daniel B. McKenna et al
Serial Number: 09/774,955
Filed: January 31, 2001
Examiner: Meless Ze-vdu
Group Art Unit: 268

Dear Sir:

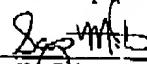
Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	36	36	0	x \$18 =	\$0
Independent**	3	3	0	x \$85 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$250	\$0
EXTENSION FEES		<input type="checkbox"/> One Month		\$110	\$
		<input type="checkbox"/> Two Months		\$420	\$
		<input checked="" type="checkbox"/> Three Months		\$950	\$950
TERMINAL DISCLAIMER				\$110	\$
				TOTAL FEE	\$950

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

4. Fee check in the amount of \$ _____ is enclosed to pay for any claim and/or extension fees.
5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$950. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: August 12, 2004

Signature: 
Sandip S. Minhas, Reg. No. 44,945
(858) 651-4903

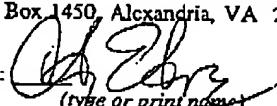
QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
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Depositor's Name: Courtney Ebyre
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(TRANSAMD.VER1.13-04/30/04)